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A. INTRODUCTION

Day treatment or day hospital means a nonresidential program in a medically supervised setting that provides case management, medical care, psychotherapy and other therapies, including recreational, physical, occupational and speech therapies, and follow-up services, to alleviate problems related to mental illness or emotional disturbances. Day treatment services are provided by an interdisciplinary team on a routine, continuous basis for a scheduled portion of a 24-hour day and may include structural rehabilitative activities including training in basic living skills, interpersonal skills and problem-solving skills (HSS 101.03 (37) Wis. Admin. Code).

Adult medical day treatment services are covered for recipients who are 18 years of age or older. Refer to Section II-D of this handbook for information about day treatment services for individuals under the age of 18.

B. COVERED SERVICES

Requirements for Medical Day Treatment Services

Pursuant to HSS 105.24 and HSS 107.13(4), Wis. Admin. Code, medical day treatment services are a covered benefit when the following conditions are met:

- a physician prescribes the services in writing;
- the provider is certified by the Wisconsin Medical Assistance Program (WMAP) as described in Section I of this handbook;
- before becoming involved in the day treatment program, the recipient is evaluated through the use of the functional assessment scale provided by the department to determine the medical necessity for day treatment and the person's ability to benefit from it (refer to Appendices 11 and 12 of this handbook for instructions on the completion of the functional assessment and a sample functional assessment form);
- a treatment plan is developed, based on the initial evaluation, and includes measurable, individual goals, the specific treatment modalities, including identification of the specific group or groups, to be used to achieve these goals, and the expected outcomes of treatment;
- each group is led by a qualified professional staff person (i.e. a registered occupational therapist [OTR], masters degree social worker, registered nurse [RN], licensed psychologist or masters degree psychologist) or one certified occupational therapy assistant and one other paraprofessional staff person. The qualified staff person(s) must be physically present throughout the group session and must perform or direct the service; and
- the supervising psychiatrist approves, signs, and dates the plan for that recipient, and reviews and signs the plan no less frequently than once every 60 days.

Covered Medical Day Treatment Services

To provide guidance to providers regarding HSS 107.13(4)(a), Wis. Admin. Code, the following are examples of services covered by the WMAP when they are specifically identified in the recipient's treatment plan as being necessary modalities toward the achievement of measurable goals and when all requirements for medical day treatment services (listed above) are met. The examples are:

- Psychiatric services including assessments, psychotherapy, and medication management. Medication management may be performed by an RN. Group services related to medication effects and side effects are also allowed services.

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B. COVERED SERVICES
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- Other individual or group counseling services, supportive psychotherapy, and symptom management. Groups designed to educate the recipient about mental illness or about topics (such as AIDS), with the intent of maximizing the recipient's functioning in the community, are allowed services.
- Specific skill development in communications or problem solving. Examples would include stress management and assertiveness training.
- Specific skill development related to activities of daily living designed to enable the recipient to function at a higher level and to function independently. Examples would include personal hygiene activities, cooking, budgeting, health, and nutrition.
- Pre-employment services, which are not job-specific, to assist the recipient in gaining and using skills necessary to undertake employment. These services would include activities to reduce anxiety or to manage symptoms on the job, and education about appropriate job-related behavior.
- Other occupational, physical, social, recreational, or speech therapies, recognized in the professional literature as acceptable and effective treatments, which enable adults with acute or chronic mental illness to function with greater independence.
- Face-to-face crisis intervention services may be provided when they are consistent with the recipient's overall treatment goals, even though they are not identified in the treatment plan.
- AODA treatment and educational services may be provided to medical day treatment recipients when the staff providing the services is knowledgeable about AODA issues and is knowledgeable about the special needs of individuals who have a co-existing mental illness. However, providers must still meet the staffing requirements identified in Section I of this handbook, e.g. at least one qualified staff person must lead the service and be present in the room and throughout the group. Therefore, an AODA service may be provided directly by a master's level psychologist who is knowledgeable about AODA issues or the services may be provided conjointly by a certified AODA counsellor and an RN (or some other qualified staff person).

Completion of the functional assessment form is also a covered service whether or not the recipient is eligible for medical day treatment based on the assessment. Refer to Appendix 4 of this handbook for the appropriate procedure codes to be used for billing both positive and negative functional assessments.

C. DOCUMENTATION

The recipient's medical record must contain copies of the functional assessment and treatment plans required under HSS 107.13(4)(a), Wis. Admin. Code, and the evaluations of progress required under HSS 105.24(1)(b)3, Wis. Admin. Code. The recipient's medical record must include signed and dated notes for all services billed to the WMAP. Providers are referred to HSS 106.02(9), Wis. Admin. Code, for requirements pertaining to documentation of services.

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- C. DOCUMENTATION** HSS 106.02(9)(a)1-8, Wis. Admin. Code, requires that providers document the following in the recipient's medical record:

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- the full name of the recipient;
- the identity of the person who provided the service to the recipient;
- an accurate, complete, and legible description of each service provided;
- the purpose of and need for the services;
- the quantity, level, and supply of service provided;
- the date of service;
- the place where the service was provided; and
- the pertinent financial records.

Reviews of provider records have sometimes revealed that providers have not adequately documented the purpose of groups provided as a part of day treatment, the recipient's needs as they relate to the group and the specific goals the recipient is attempting to meet by taking part in the group, or the recipient's response to the group intervention. Providers who fail to provide this documentation will be out of compliance with HSS 106.02(9)(a), Wis. Admin. Code.

- D. HEALTHCHECK
"OTHER
SERVICES"**

Day treatment services as described in this handbook are limited to adults 18 years of age and older. The WMAP considers requests for medical day treatment services for individuals under 21 years of age when the following conditions are met:

- there is verification of a comprehensive HealthCheck screening prior to the request (visit verification cards which are given at the completion of a comprehensive screen are available free of charge from the State Division of Health Forms Center);
- the service is allowed under the Social Security Act (i.e., is a "medical" service);
- the service is "medically necessary" and "reasonable"; and
- a currently covered service is not appropriate to treat the identified condition.

The WMAP has developed unique policies and procedures for reimbursing mental health day treatment to children and adolescents who meet the requirements for HealthCheck Other Services. All such requests are subject to prior authorization.

Refer to Section IV of Part A of the WMAP Provider Handbook for additional information on HealthCheck "Other" Services.

- E. NONCOVERED
SERVICES OR
RELATED
LIMITATIONS**

As specified in HSS 107.13(4)(d), Wis. Admin. Code, the following are not WMAP-covered medical day treatment services:

1. Day treatment services which are primarily recreation-oriented and which are provided in non-medically supervised settings such as 24-hour day camps, or other social service programs. These include sports activities, exercise groups, and activities such as craft hours, leisure time, social hours, meal or snack time, trips to community activities, and tours.
2. Day treatment services which are primarily social or educational in nature.
3. Consultation with other providers or service agency staff regarding the care or progress of a recipient.

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E. NONCOVERED SERVICES OR RELATED LIMITATIONS
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4. Prevention or education programs provided as an outreach service, case-finding, and reading groups.
5. Aftercare programs, provided independently or operated by or under contract to boards.
6. Medical day treatment for a recipient with a primary diagnosis of alcohol or other drug abuse or dependence.
7. Day treatment provided in a recipient's home or away from the site of the day treatment program.
8. Court appearances except when necessary to defend against commitment.

In addition, HSS 107.13(4)(a) through (c) does not allow day treatment reimbursement for the following services or circumstances:

1. Day treatment services in excess of five hours a day or 120 hours a month.
2. Day treatment services in excess of 90 hours in a calendar year which have not been prior authorized.
3. Day treatment services provided to recipients with inpatient status in a hospital in excess of 20 hours per inpatient admission or to hospital inpatients not scheduled for discharge.
4. Day treatment services provided to recipients with inpatient status in a nursing home which have not been prior authorized. No more than 40 hours of service in a calendar year may be authorized for nursing home recipients.
5. Day treatment services provided to individuals who were not shown as being able to benefit from day treatment by the functional assessment.
6. Psychotherapy services, occupational therapy services, or other services provided as component parts of a recipient's day treatment program when these services are separately billed.
7. Day treatment services provided to recipients who are concurrently receiving psychotherapy, occupational therapy, or AODA services without prior authorization for the day treatment services.
8. More than two series of day treatment in one calendar year related to separate episodes of acute mental illness.
9. Day treatment services provided to recipients who are receiving WMAP-reimbursed community support program services.